



Bib Data Sheet


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| SERIAL NUMBER 09/509,734 | FILING DATE 06/14/2000 RULE - | CLASS 435 | GROUP ART UNIT 1644 | ATTORNEY DOCKET NO. 31856-PCT |
| APPLICANTS SILVIU ITESCU, NEW YORK, NY ; | | | | |
| ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/US98/20887 10/02/1998 <i>yes</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/30/2000 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>yes</i> | | STATE OR COUNTRY NY | SHEETS DRAWING 8 | TOTAL CLAIMS 19 |
| Examiner's Signature <i>[Signature]</i> Initials | | INDEPENDENT CLAIMS 7 | | |
| ADDRESS 21003 | | | | |
| TITLE METHOD FOR PREDICTING TRANSPLANT REJECTION | | | | |
| FILING FEE RECEIVED 1112 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |